		E & MEDIC SERVICES	. ,	CE truser		1 APPROV). 0938-03
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDE SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTA	(X3) DATE S COMPL	ETED
		297123	B. WING		07/2	C 2/2008
	PROVIDER OR SUPPLIER HOME HEALTH, LLC	0.		TREET ADDRESS, CITY, STATE, ZIP COD 801 SOUTH RANCHO DRIVE, SUITE A LAS VEGAS, NV 89106	E	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION
G 000	INITIAL COMMENT	-S	G 000			
	a result of the Medic complaint investigat from July 18, 2008 to The active census a 41. Fifteen clinical re Five home visits wer	peficiencies was generated as care recertification survey and ion conducted at your agency hrough July 22, 2008. It the time of the survey was ecords were reviewed, re conducted. One closed I. One complaint was		RECEIVED JAN 0 5 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA		
		clusions of any investigation		RECEIVI NOV 1 4 20	[
	prohibiting any crimir actions or other claim	n shall not be construed as hal or civil investigations, his for relief that may be under applicable federal,	ă:	BUREAU OF LICENSURE AND CEI Las Yegas, Nevada	RTIFICATION	
G 121 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	orofessional standard or professionals furnis This STANDARD is no assed on observation eview, the facility faile	ICE W/ ACCEPTED	₹9	TAG 121 A. Immediately after learning a failure of the visiting SN to observe proper BAG/universal precautions/appropriate wo care technique, the DON mand counselled the SN regard the above. B. Dressing Change Policy and Proper Bag Technique reviewed and reinforced by DON to the	und et rding	a
F	indings include:	SUPPLIER REPRESENTATIVE'S SIGNA	TUDE	and reinforced by DON to the staff last 08/08/08 staff meets See attached meeting Agence Attachment #1, TAG 121.	ting. la.) DATE
TO LOKE	= A MONR N	SUFFERN REFRESENTATIVES SIGNA		POPS	нĴ	2/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days for a given the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 day sillowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	ARTMENT OF HEALTI TERS FOR MEDICARE	HAND HUMAN SERVICES	4		FOR	:D: 10/29/200 M APPROVE
						<u>O. 0938-039</u>
	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION LDING	(X3) DATE COMP	SURVEY
1		297123	B. WIN	KG	07.	C /22/2008
NAME O	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (
ALOH	IA HOME HEALTH, LLC			801 SOUTH RANCHO DRIVE, SUI LAS VEGAS, NV 89106		
(X4) II	SUMMARYSTA	TEMENT OF DEFICIENCIES	15	,	OCCEPTION	
PREFI TAG	X (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE =	(X5) COMPLETION DATE
G 12	21 Continued From page	ne 1	G 1:	C. The HHA will incorp	orate	
	Observation/Intervie	~	0 1	review of appropriate	wound	
		•••		care technique/dressin	ig change	
	On 7/18/08 at 9:45 A	AM, the registered nurse (RN)	policy/proper BAG te	chnique in	1
	failed to perform har	nd hygiene prior to reaching	'	the HHA's annual sch	edule of	1 1
	into her nursing bag	to retrieve equipment. At		inservices to the nursi	ng staff as	
	9:55 AM, the RN cle	ansed the the patient's lower		reinforcement to the	_]
	lert leg snin wound b	y wiping from approximately side of the wound to the		instruction/training the	∍y]
	other side of the wou	e side of the wound to the		received during their o		l i
	Outer side of the wood	ind 5 times.		period. See attached O		[]
	On 7/18/08 at 4:30 P	M, the Director of Nursing	1.	Checklist. Attachment	#2, TAG	1
	(DON) indicated she	would expect the RN to		121.		
	perform hand hygiene	e each time prior to retrieving	1	D. The DON/Nursing Sup	ervisor	[
	equipment from her r	oursing bag. The DON		will perform random/pe	eriodic	
	indicated she would e	expect the RN to cleanse the		monitoring of nursing s		
	Wound by starting from	n the center and moving		compliance and adhere	nce to	-
	outward in a circular r	notion.		established Dressing Cl	hange	ŀ
	Document Review]	Policy and proper BAG		
	Doddinon((CVICW			technique/universal pre	cautions.	.51
	The Dressing Change	Policy (undated) utilized by		E. Director of Nursing/Nu	rsing	Ì
	the facility indicated th	e nurse was to "Clean from		Supervisor.	32.5	
	the least contaminated	d area to the most		F. Target Date of Complet	ion:	
	contaminated area."			11/21/08.		1
G 145	(0)	TION OF PATIENT	G 145	TAG 145		1
	SERVICES	71		A. Chart review done or	n patient's	1
	A written summan, ran	ort for each patient is sent		#2, #5, #14. 60 Day S	Summaries	ł
	to the attending physic	ian at least every 60 days.		completed by respect		[
	to the attending physic	idir ac least every oo days.		and incorporated in p	patient's	
		1		medical record as we	ll as sent to	1
	This STANDARD is no	ot met as evidenced by:	.	MD's. See Attachme		,
- 1	Based on interview and	record review, the agency		145.		
j	failed to provide docum	nentation of summaries	j	B. The DON reviewed a	and	ŀ
1	every 60 days for 3 of 1	5 patients (#2, #5, #14).	Į	reinforced to staff the		
	FT: 1:	• • • •	1	policy/procedure on c		1
ļ	Findings include:		}	of 60 Day Summary a	and timely	
- 1	Record Review			submission of comple		1
- 1	VECOLO VENEM	1	1	service on compile		

Event ID: 09DK11

Facility ID: NVS4274HHA

documentation to the office.

If continuation sheet Page 2 of 14

PRINTED: 10/29/2008



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING (X3) DATE SURVEY COMPLETED C 07/22/2008 STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH RANCHO DRIVE, SUITE A-2 LAS VEGAS, NV 89106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	CENTE	RS FOR MEDICARE	& MEDICA BERVICES			()		OMB N	<u>O. 0938-0</u> 39
ALOHA HOME HEALTH, LLC SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES RECHUATORY OR LSC IDENTIFYING INFORMATION) PREPRY TAG RECHUATORY OR LSC IDENTIFYING INFORMATION PREPRY TAG LAS VEGAS, NV 89108 COMPLETORY OR LSC IDENTIFYING INFORMATION PREPRY TAG LAS VEGAS, NV 89108 COMPLETORY OR LSC IDENTIFYING INFORMATION PREPRY TAG LAS VEGAS AND RECHURCH OR LAS VEGAS AND RECHUATORY OR LSC IDENTIFY INFORMATION PREPRY TAG LAS VEGAS AND RECHURCH OR LAS VEGAS				- 1			. 53	(X3) DATE	SURVEY
ALOHA HOME HEALTH, LLC SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAG			297123	B. WIN	1G_				_
ALOHA HOME HEALTH, LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG)		231123					07/	22/2008
FREEDY TAGE REGULATORY OR LSC IDENTIFYING INFORMATION) G 145 Continued From page 2 Patient #2's Plans of Care (POC) dated 04/17/08 to 06/15/08 and 06/16/08 to 08/14/08, did not contain written 60 day summaries. The OASIS Comprehensive Assessments dated 04/16/08 and 06/12/08, did not contain written 60 day summaries. Patient #2's chart lacked a 60 day summaries. The OASIS Comprehensive Assessments dated 04/15/08 and 06/13/08 and 06/14/08 to 08/12/08, did not contain written 60 day summaries. The OASIS Comprehensive Assessments dated 04/15/08 to 06/13/08 and 06/14/08 to 08/12/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, and 06/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, 04/12/08, and 06/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, did not contain written 60 day summaries. Detail day summaries of timely manner as well. This inservice					8	01 SOUTH RANCHO D	DRIVE, SUITE A-2		
Patient #2's Plans of Care (POC) dated 04/17/08 to 06/15/08 and 06/16/08 to 08/14/08, did not contain written 60 day summaries. The OASIS Comprehensive Assessments dated 04/16/08 and 06/12/08, did not contain written 60 day summaries. Patient #2's chart lacked a 60 day summary form for two consecutive recertification periods. Patient #14's Plans of Care (POC) dated 04/15/08 to 06/13/08 and 06/14/08 to 08/12/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, 04/12/08, and 06/14/08, did not contain written 60 day summaries. The Oasis Comprehensive Assessments dated 02/14/08, 04/12/08, and 06/14/08, did not contain written 60 day summaries. Patient #14's chart lacked a 60 day summary for two consecutive recertification periods. Document Review According to the agency's Clinical Record Submission Policy last updated 09/16/06, "all Oasis, Start of Care, Recertifications, and Discharge documentations must be turned in on a weekly basis, on Mondays." Do page 53 of the agency's policy manual, a	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI.	×	(EACH CORREC CROSS-REFEREN	TIVE ACTION SHOU CED TO THE APPRO	JLD BE	COMPLETION
Assessment states, "a 60 day summary must be completed and a copy must be sent to physician either by fax or mailsummary of care on OASIS form may be used in place of agency's 60 day summary form." Patient #5 was a 72 year-old female admitted on		Patient #2's Plans of to 06/15/08 and 06/1 contain written 60 da Comprehensive Assand 06/12/08, did no summaries. Patient # summary form for tw periods. Patient #14's Plans of 04/15/08 to 06/13/08 did not contain writter Oasis Comprehensive 02/14/08, 04/12/08, a written 60 day summarecertification periods. Document Review According to the agent Submission Policy last Dasis, Start of Care, Foischarge documentate office within 48 housessment. All other on a weekly basis, of the age ection entitled Oasis (assessment states, "a ompleted and a copy ither by fax or mails orm may be used in plummary form."	Care (POC) dated 04/17/08 6/08 to 08/14/08, did not by summaries. The OASIS ressments dated 04/16/08 t contain written 60 day f2's chart lacked a 60 day to consecutive recertification of Care (POC) dated and 06/14/08 to 08/12/08, to 60 day summaries. The the Assessments dated and 06/14/08, did not contain the Assessments dated aries. Patient #14's chart aries. Patient #14's chart aries for two consecutive cy's Clinical Record t updated 09/16/06, "all Recertifications, and tions must be turned in to aris after the completion of documents must be turned an Mondays." ncy's policy manual, a Comprehensive 60 day summary must be must be sent to physician tummary of care on OASIS ace of agency's 60 day	G 1	E	be incorporate medical recor respective MI manner as we was done last meeting. See ATAG 145. C. DON inservice more conscient record review staff importance submission of QA staff will a clinical staff or regarding Coor Patient Services. DON/QA staff periodic/randor clinical staff's this Standard. Tachieved thru to submitted docu Attachment #5, Tracking Sheet Responsible Pestaff.	ed in patients ds and sent to D's in timely ll. This inservice 08/08/08 staff's Attachment #4, ed QA staff to be attious on their and reinforce to be of timely documentations also inservice in Standard redination of es. Will perform m monitoring of compliance in This can be racking of their iments. See TAG 145 — Forms. rson: DON/QA	ee s s oe oe o s s .	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID:09DK11

Facility ID: NVS4274HHA

If continuation sheet Page 3 of 14

PRINTED: 10/28/2008

FORM APPROVED



	ARTMENT OF HEALTH	AND HUMAN SERVICES & MEDIC: SERVICES	5	¥ 4		FOR	D: 10/28/2008 M APPROVED D: 0938-0391
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIP	PLE CONSTRUCTION	(X3) DATE	SURVEY LETED
<u> </u>		297123	B. WI	NG		07/	C 22/2008
	F PROVIDER OR SUPPLIER A HOME HEALTH, LLC		э	801	ET ADDRESS, CITY, STATE, ZIP CODE 1 SOUTH RANCHO DRIVE, SUITE A-2 IS VEGAS, NV 89106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
G 14	7/12/08 with diagnost Surgical Wound, und joint pain and general The clinical record for	ses including Non-healing controlled diabetes mellitus, alized muscle weakness. Fratient #5 lacked se of a 60 day summary for	G 1	45			
	Interview On 07/18/08 in the affailed to provide evide summaries for Patien On 7/22/08 in the after Nursing indicated a commaries would be documents were not research.	~			22	Ú ta	
	MED SUPER Care follows a written and periodically review osteopathy, or podiatri This STANDARD is not Based on record review follow the plan of care patients (#1, 5, 8). Findings include:	ot met as evidenced by: w, the agency failed to	G 15	Pa A.	AG 158 atient #1 Clinical record review performed. Missed visit report not needed. An SN visit note was submitted and filed late of client's record. See attached copy of SN visit note. Attachment #6, TAG 158. DON inserviced QA staff to be more diligent on their record review and reinforce to the clinical staff re: policy/procedure on timely submission of documentations Medical record personnel also	on oe	
		es including Open Wound, o,Generalized Muscle			inserviced on timely filing/incorporation of clinical records to client's chart.		

Event ID: 09DK11

Facility ID: NVS4274HHA

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	RTMENT OF HEALTH	AND HUMAN SERVICES			FOR	M APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	MULTIPLE CONSTRUCTION	(X3) DATE	O. 0938-0391 SURVEY PLETED
		297123	8. WI	NG	07.	C /22/2008
	PROVIDER OR SUPPLIER HOME HEALTH, LLC			STREET ADDRESS, CITY, STATE, ZIE 801 SOUTH RANCHO DRIVE, SI LAS VEGAS, NV 89106	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F	Patient #1 had physinursing every day dulacked documented visit on 6/21/08. The evidence the agency the missed visit for 6. Patient #5 Patient #5 was a 72 y 5/13/08, with diagnos Surgical Wound, Understand Muscle vidence week of 6/29/08. The documented evidence second time during the clinical record lacked agency had notified the visit for the week of 7/4 On a Resumption of Coorder, occupational theone a week for one wone week. The clinical documented evidence three times during the clinical record lacked of agency had notified the visit for the week of 6/2 atient #8 Patient #8 Patient #1 had physical patient #8 Patient #1 had physical patient #8 Patient #8 Patient #8	cian's orders to be seen by pring June 2008. The record evidence of a skilled nursing a record lacked documented had notified the physician of /21/08. Ivear-old female admitted on the including Non-healing controlled Diabetes Mellitus, Neakness and Joint Pain. Sician's order for physical a week for 2 weeks for the eclinical record lacked at PT had seen Patient #5 at the week of 7/6/08. The documented evidence the physician of the missed 6/08. Care (ROC) physician's erapy (OT) was ordered week and 3 times a week for all record lacked Patient #5 was seen by OT week of 6/21/08. The documented evidence the exphysician of the missed 21/08.	-	C. Clinical Visit Tracker visits on daily basis respective clinical standeficient on their sult documentations ever before the close of b. D. DON/QA staff will preserved with monitoring of staff's compliance to of timely submission records. E. Responsible Person: staff F. Date of Completion: Patient #5 A. Chart review done. Preserved was 2 times a week for the week of 06/29 evidence of missed vithe second visit for the 07/06/08. A missed vithe second visit for the 07/06/08. The visit no submitted by the PT of 07/21/08 and was filed client's chart after the Surveyor's visit. It was that this patient had an for once week for one 3 times a week for one during the ROC dated Missed visit notes for the 06/21/08 were not not	er will track and will call taff who are bmission of ry Monday usiness. Derform of clinical the policy of clinical DON/QA 10/31/08. Torder or 2 weeks /08. No esit note for e week of isit note se there in the was on did to s also said of OT order week and week of ited	
	/1/08, with diagnoses Thrombosis, Long Terr	including Deep Vein n Anticoagulant Use and	4	because there were act visits done on the wee		

Event ID:09DK11

Facility ID: NVS4274HHA

If continuation sheet Page 5 of 14

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	RTMENT OF HEALTH	AND HUMAN SERVICES & MEDIC SERVICES	e.		FORM APPROVED MB NO. 0938-0391
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	JLTIPLE CONSTRUCTION (X3	B) DATE SURVEY COMPLETED
3		297123	B. WING	3	C 07/22/2008
AME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0112212000
ALOHA	HOME HEALTH, LLC		}	801 SOUTH RANCHO DRIVE, SUITE A-2 LAS VEGAS, NV 89106	H90
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
G 158	Generalized Muscle Patient #8 had a phy nursing (SN) visits or clinical record lacked showing a SN visit w 2/24/08. The clinical evidence the agency the missed visit for th 484.18(c) CONFORM ORDERS Drugs and treatments agency staff only as of this STANDARD is a staff or the control of the	Weakness. sician's order for skilled nce a week for 4 weeks. The l documented evidence as done during the week of record lacked documented had notified the physician of the week of 2/24/08. MANCE WITH PHYSICIAN	G 15	order dated 05/31/08 - OT for 2 times a week for 3 weeks. Again these submitted documentations were not submitted and filed in client's chart in timely manner. See attached PT/OT visit notes and signed MD order. Attachment #7, TAG 158. B. See Patient #1 POC. C. See Patient #1 POC. D. See Patient #1 POC. E. Responsible Person: DON/QA staff F. Date of Completion: 10/31/08. TAG 158 Patient #8	
	by the physician for 7 #4, #5, #6, #8). Findings include: 1. Record Review Patient #2: Start of Ca - A medication profile of Zocor 20 milligrams by - A physician's order do Zocor 20 milligrams by - A Plan of Care for a round 17/08 to 06/15/08 in milligrams by mouth da A medication profile of Zocor 20 milligrams by	dated 03/20/08 indicated mouth daily. ated 03/22/08 indicated mouth twice daily. ecertification period dated dicated Zocor 20 illy. ated 05/12/08 indicated mouth twice daily. ated 06/12/08 indicated ated 06/12/08 indicated		A. Patient #8 had an MD order for SN visit once a week for 4 weeks. No evidence of missed visit note noted on record review by Surveyor. Chart review done by QA staff and missed visit note needed because an actual SN visit for Recertification of Care was done on 02/29/08. The completed documents were on file/incorporated in patient's chart during the record review under Care Plan/Assessment Section rather than on Nursing Visit Notes. See attached copy of Recertification OASIS Data dated 02/29/08. Attachment #8 TAG 158.	no

Event ID: 09DK11

Facility ID: NVS4274HHA

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	RTMENT OF HEALTH	HAND HUMAN SERVICES				FOR	D: 10/28/2008 M APPROVED D. 0938-0391
1	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTI	PLE CONSTRUCTION G	(X3) DATE	
		297123	B. Wii	NG			С
VAME OF	PROVIDER OR SUPPLIER	201120		Τ		07/	22/2008
	HOME HEALTH, LLC	i.		80	EET ADDRESS, CITY, STATE, ZIP CODE 31 SOUTH RANCHO DRIVE, SUITE A-2 AS VEGAS, NV 89106	2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
G 165		a recertification period dated 3 indicated Zocor 20	G 1	65	B, C, D, E, F – No further ac POC needed.	ction or	
- 1 1 0 0	frequency of Zocor fi between 03/22/08 ar twice daily between 0 from twice daily to da 06/12/08. Patient #4: Start of C - A physician's order of Darvocet N-100 by m needed for back pain A Plan of Care for a 06/23/08 to 08/21/08, N-100 on its medication The chart lacked a pi discontinuing Darvocet and 06/23/08 A physician's order of Levaquin 500 milligrar days and Medrol dose A medication profile dailed to indicate if the Levaquin and the Med Patient #6: Start of Care A Plan of Care for a r 12/11/07 to 02/08/08, in nilligrams by mouth the failligrams by mouth the fail of the	dated 05/14/08, indicated outh every 8 hours as recertification period dated failed to indicate Darvocet on list. hysician's order at N-100 between 05/14/08 lated 06/25/08, indicated ms by mouth daily for 10 pack. ated 06/21/08, failed to or Medrol update. The chart patient received the rol. The control of the control o		E	Patient #2 Start of Care 06/22/0 A. Medication Profile re: Zocomedication dose discrepancies/inconsistencie between 03/22/08 and 04/17/04/17/08 and 05/12/08, and between 05/12/08 and 06/12 Chart review done. Discrepancies identified and corrected. Medication profil reconciled and updated. MD orders obtained, sent for signature and filed in patient chart. See attached updated Medication Profile and signe MD orders. Attachment #9, TAG 165. B. QA staff inserviced about thorough and diligent chart review and importance of medication record reconciliation 10/25/08. See attached Inservice/Training agenda. Attachment #10, TAG 165. C. DON/QA staff will conduct a inservice to clinical staff about importance of medication record reconciliation and Standard regarding administration of drugs and treatment in	es 7/08, 1/08. I e 2's ed	

- A physician's order dated 12/29/07, indicated

Event ID: 09DK11

Facility ID: NVS4274HHA

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accordance to MD-orders. QA

NOV 1 4 2008

BUREAU OF LICENSURE AND CERTIFICATION LAS YEGAS, NEVADA

		AND HUMAN SERVICES					D: 10/28/2008 M APPROVED
	RS FOR MEDICARE		··· • 1		()		D. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	MULTIF ILDING	LE CONSTRUCTION	(X3) DATE COMP	LETED
_		297123	B. WI	NG		07/	C 22/2008
	PROVIDER OR SUPPLIER			80	EET ADDRESS, CITY, STATE, ZIP COI 1 SOUTH RANCHO DRIVE, SUITE S VEGAS, NV 89106	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	Valium 10 milligram: Topamax 600 milligrand Phenobarbital 6 daily A medication profil Valium 10 milligrams Topamax 600 milligrams Topamax 600 milligrams Topamax 600 milligrams Topamax 600 milligrams A Plan of Care for a 02/09/08 to 04/08/08 milligrams by mouth 600 milligrams 600	s by mouth four times daily, rams by mouth twice daily, 5 milligrams by mouth twice daily, 5 milligrams by mouth twice daily, ams by mouth twice daily, ams by mouth twice daily, 5 milligrams by mouth twice daily, 5 milligrams by mouth twice daily, 10 three times daily, 10 three daily not discharged the patient of the left lower daily of Pressure. Intel 7/10/08, indicated form soaks to the left lower daily not the patient was to use. The three patient or skilled nurse with the current wound care were available. SN dated 7/10/08 read, drogel to wound bed for	G) F	staff has been performicontinous chart review/improvement to ensure medication records are and reconciled in timely since 10/25/08. D. DON/QA staff is monite compliance on this Stanthrough thorough review submitted documentation daily basis. E. Responsible Person: DC staff F. Target date of completion 11/22/08. CAG 165 Catient #4 Start of Care 09/02. A. MD order dated 05/14/08 indicated Darvocet-N 10 mouth every 8 hours as a for back pain. The Plantofor recert period dated 00 to 08/21/08 failed to list Darvocet-N 100 on its medication list. Chart revidence. An MD order dated 05/28/08 was written, sent to MD for signature received on 07/02/08 was filed in the patient's chartimely manner. Medication Profile updated according MD order for Levaquin a Medrol dose pack dated 06/25/08 was noted but the medication profile was noted but the medication profile was noted to the control of the contr	quality that updated manner oring dard v of ns in on/QA on: 2/06 8, 0 by needed of Care 5/23/08 view d and s not rt in on gly. An und he	

Event ID: 09DK11

Facility ID: NV\$4274HHA

If continuation sheet Page 8 of 14

PRINTED: 10/28/2008



` DEPA	ARTMENT OF HEALTH	AND HUMAN SERVICES					:D: 10/28/2008 IM APPROVED
	TERS FOR MEDICARE						O. 0938-0391
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	MULT	IPLE CONSTRUCTION	(X3) DATE	
	*		A BU	ILDIN	lG	CONT	
- N		297123	B. Wi	NG_		07.	C /22/2008
AME O	F PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
ALOHA	A HOME HEALTH, LLC				01 SOUTH RANCHO DRIVE, SUITE A		1
				L	AS VEGAS, NV 89106		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
G 16	5 Continued From pag	je 8	G 1	65	updated accordingly. Upo	n	
	A nursing note dated	7/12/08, indicated the SN			identification of deficience		1
	"Poured water into b	asin with Epsom salt"			medication profile was up		
	0-7/40/00 14 40 0			-	See attached MD order an	ıd	172
		M, the director of nursing solution Patient #1 was to			copy of updated medication		1 1
٠	soak her leg in shoul	d have been included on the	_		profile. Attachment #11, 7	ΓAG	·
	physician's order.				165.		
		*			B. QA staff/Medical Record		
	Patient #3				Personnel counselled on		
•	Patient #3 was an 83	year-old female admitted or			importance of timely filing/incorporation of		1
	7/11/08, with diagnos	es includina Difficulty	'		documentation to patient's	,	
	Walking, Hypertensio	n, Chronic Obstructive			chart. QA staff was counse		}
	Pulmonary Disease a	nd Generalized Muscle			regarding thorough record		
15	Weakness.				review and accurateness of		
	Patient #3 was taking	Lasix 20 milligrams by	4);		client's clinical record.		j
	mouth every day (sinc	e 4/19/08). There was no			 C. Hiring and training of addi 	tional	1
	physician's order for the	ne patient to be taking			Medical Record Personnel		. }
23	Lasix. The patient's so	on indicated the patient			needed by 12/31/08. For th	.e	·
-	took the Lasix only wh her lower extremities.	en needed for swelling in			meantime, current		ł
[her lower extremities.				administrative staff are util	ized	
1	Patient #5				to assist Medical Record Personnel in filing		j
- 1			72		documentations in patient's	.	į.
	Patient #5 was a 72 ye	ar-old female admitted on			chart. An inservice to clinic	ral	ł
1	5/13/08, With diagnose: Surgical Mound, Uncor	s including Non-healing ntrolled Diabetes Mellitus			staff regarding importance		}
	and Generalized Muscl	ntroned Diabetes Menitus le Weakness			medication profile	-	
		is 11 sain, 1990.			reconciliation/update is		1
	Medication issues				scheduled at this time. See		1
1:	- On 5/13/08, when Pa	tient #5 was discharged			attached Inservice Agenda	for ,	1
	from the acute care fac	ility, three anti-diabetic ctos and Metformin) had		_	11/22/08.	. 1	1.
	peen discontinued. Pat	tient #5 continued to take			D. DON/QA staff will monitor		
t	hem, along with Insulin	. On 5/16/08, Patient #5			weekly basis status/volume		
	nad a blood sugar readi		i		submitted documents that no		1
	Mound open in				to be filed in client's chart. there's increased amount of		
l v	Vound care issues	į	ĺ		anoro a moreascu amount or		1

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	RTMENT OF HEALTH	AND HUMAN SERVICES & MEDICA REVICES				FO	ED. 10/20/2008 RM APPROVED NO. 0938-0391
_	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) I A. BU		TIPLE CONSTRUCTION NG	(X3) DAT	E SURVEY PLETED
		297123	B. WI	NG_			+ C 7/22/2008
to a galactic	PROVIDER OR SUPPLIER			٤	REET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH RANCHO DRIVE, SUITE A-2 LAS VEGAS, NV 89106		72272000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
f factor of the	- A physician's order (discontinue) previous area. New wound can NS (normal saline), putth thin layer of gause with dry 4 x 4 (gauze increase skilled nursing day for 7 days." - A nursing note date with NS, patted dry area. A nursing note date wound with NS, patter covered with a 4 x 4 area. A nursing note dated documentation regard nursing note lacked a following section. The corder for Foley catheter are 10 cc balloon. The corder for Foley catheter hanagement. A nursing note dated thanged today using seatheter patient tolenitourinary section of a 10 cc balloon. The corder for Foley catheter are 10 cc balloon. The corder for Foley catheter are 10 cc balloon. The corder for Foley catheter are patient tolenitourinary section of as 18 French with a 2 A nursing note dated the moved old Foley catheter are patient tolenitourinary. The genitous alloon.	dated 6/10/08 read, "DC is wound care to abdominal are cleanse wound with pat dry, apply Hydrogel, top ize moistened with NS, cover) and secure QD ng visit frequency to every d 6/12/08 read, "Cleaned and dry dressing applied." d 6/14/08 read, "Cleansed d dry, applied Hydrogel, and secured with tape." d 6/16/08 lacked ling wound care. The nurse's signature. arged from the acute care theter, size 16 French with clinical record lacked an er changes and 6/12/08 read, "Foley cath terile technique 18 French erated well." The f the note revealed the size 20 cc balloon. 6/28/08 read, " leaking. In that was in place and theter using sterile urinary section of the note 20 French with a 30 cc	G 1		material to be filed all administrative staff will as MR personnel in filing. Prassigned division of materia.e., A-Z last names of the patient is currently in place attached list. Attachment # TAG 165. E. Responsible Person: DON/Staff. F. Date of Completion: 11/22/TAG 165 Patient #6 Start of Care 06/14/07 A. MD order missing for changin medication regimen. Chareview done. An MD order dated 01/28/08 was misfiled another patient's chart and v found during chart review. Sattached MD order dated 01/28/08. Attachment #13, 7165. B. QA staff/MR personnel counselled on importance of accurate and timely filing of MD orders and other documentations in patients chart. That all pertinent documentations should be or patient's file prior to final closure of patient's medical record. C. QA staff has to ensure that all pertinent materials filed in patient's chart are accurate and appropriate. This will be	e- ials c. See 12, QA 708. 7 ges rt in vas Gee	

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CEN	ERS FOR MEDICARE	: & MEDIC/ BERVICES			OMB NO	<u>).</u> 0938-03
	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE (COMPL	.ETED
		297123	B. WIN	IG	07/:	C 22/2008
	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 801 SOUTH RANCHO DRIVE, SUIT LAS VEGAS, NV 89106	ODE	21/2000
(X4) IC PREFI TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
G 166	Thrombosis, Long-to Generalized Muscle - The clinical record of a wound. The clin of a physician's order for notes (dated 1/12/08 documentation about performed on Patienthe nurse. - The clinical record of a physician's orde #8's skin. Nursing not 1/12/08, 1/13/08, 1/1 contained documentation nurse had applied lot 484.18(c) CONFORM ORDERS Verbal orders are put dated with the date of nurse or qualified the 484.4 of this chapter) supervising the orders. This STANDARD is reasonable to provide the agency failed to provide the agency failed to provide the standard manner or the standard manne	erm Use of Anticoagulant and Weakness. lacked documented evidence nical record lacked evidence or wound care. Two nursing and 1/13/08) contained twound care that had been that had been that had been that had been to apply lotion to Patient of the second of the second indicating the fion to Patient #8's "dry skin." MANCE WITH PHYSICIAN in writing and signed and receipt by the registered rapist (as defined in section responsible for furnishing or	G 160	review process. D. DON/QA staff will me process on daily basis, archiving patient's me records, QA Staff will that all documentation are accurate and appro E. Responsible Person: D staff. F. Date Completed: 10/22 TAG 165 Patient # 1 A. Incomplete MD order reare. This discrepancy already noted and corresprior to this final report	onitor this Before dical ensure s on file priate. ON/QA 2/08. The wound was exted to See der. 165. or to nature. wheck to agh chart is. ON/QA	
į		į	i	}	;	ĺ

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Facility ID: NVS4274HHA

If continuation sheet Page 11.1 of 14

FORM APPROVED



		HAND HUMAN SERVICES					M APPROVED
	TERS FOR MEDICARE	1	·			- 1	O. 0938-0391
STATEM AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE COMP	LETED
		297123	B. WII	۷G		07	C /22/2008
		237123					22/2005
⊸.a⊀ME O	F PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP COD		I
ALOH.	A HOME HEALTH, LLC				01 SOUTH RANCHO DRIVE, SUITE A AS VEGAS, NV 89106	1-2	4.5
	STIMMARY STA	TEMENT OF DEFICIENCIES	i iD		PROVIDER'S PLAN OF CORE	ECTION	(X5)
(X4) IC PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE
G 16	5 Continued From page	ge 10	G 1	65	TAG 165		
	1	erm Use of Anticoagulant and			Patient #3 Start of Care 07/1	1/08	1
	Generalized Muscle				A. 83 year old patient t	aking	1
		• •	-		Lasix 20 mg by mou		
		lacked documented evidence			since 04/19/08 but H		1
	1	nical record lacked evidence	1		does not have MD o	rder for	1
175	of	· · · · · · · · · · · · · · · · · · ·	1.00		this medication. As	soon as	
	a physician's order t	or wound care. Two nursing			this discrepancy was	noted	! !
	notes (dated 1/12/06	3 and 1/13/08) contained It wound care that had been		- 1	on 07/18/08, MD wa		1 1
	nerformed on Patien	it #8's left lower extremity by			notified and MD ord		!
	the nurse.	icino o isicilo ico. executing an	39		obtained. See attache	ed MD	
			127	-	order dated 07/21/08		
		lacked documented evidence			Attachment #15, TA	G 165.	
	of a physician's orde	r to apply lotion to Patient			B. SN counselled regard	ling	1 1
	#8's skin. Nursing no	otes (dated 1/9/08, 1/10/08,			thorough medication	review	1
	1/12/08, 1/13/08, 1/1	7/08, 1/19/08 and 1/23/08)	8		with the client or pat	ient's	ł !
	contained documents	ation about indicating the lion to Patient #8's "dry skin."			caregiver on every S	N visit	1 }
3 166	1015e Had applied lot	MANCE WITH PHYSICIAN	G 16	6	to ensure that client i	s only	
-G 100	ORDERS	MANCE WITH THOROUGH	0 .0	~	taking medications as	S]
	ONDERIO	27			prescribed by MD.	4	[]
	Verbal orders are put	in writing and signed and			C. Clinical Staff will be		
	dated with the date of	f receipt by the registered	+-1		inserviced on importa	ance of	·
	nurse or qualified the	rapist (as defined in section			medication		' J
		responsible for furnishing or			review/reconciliation	on	
	supervising the order	ed services.			every visit as part of		1
		,		-	monitoring what		ĺ
*	,				medications the clien		
	This STANDARD is r	not met as evidenced by:			taking, their complian		1
		ew and document review,			prescribed medication		ŀ
İ		rovide physician signatures			regimen and response		1
		OC) for 1 of 15 patients			prescribed medication		(a)
.	(#2).	1			Any discrepancy note		
					to be reported/clarifie		1.
]	Findings include:				MD and obtain MD o	rder if]
	Dationt #2	ļ			needed. See attached	i	
	Patient #2				Inservice Agenda for	į	
- 1					11/22/08.	20	

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Facility ID: NV\$4274HHA

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	T OF DEFICIENCIES	(X1) PROVIDENSUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDI	NG	COMPL	
•	*	297123	B. WING_	. <u> </u>	07/2	C 22/2008
ME OF F	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
ALOHA	HOME HEALTH, LLC		1	801 SOUTH RANCHO DRIVE, SUITE A-		
	,			LAS VEGAS, NV 89106	071011	1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLET
G 165	Continued From pag	ge 10	G 165	D. DON/QA staff will po	erform	
	Thrombosis, Long-te	erm Use of Anticoagulant and		random monitoring of		
	Generalized Muscle	Weakness.		clinical staff on their		
	- The clinical record	lacked documented evidence		compliance with this E. Responsible Person:	issue.	
		nical record lacked evidence		DON/QA staff.		
12	of	ar would core. Two pursies	£0 1	F. Target Date of Comp	letion:	
	a physician's order to notes (dated 1/12/08	or wound care. Two nursing and 1/13/08) contained		11/22/08.	i	
	documentation abou	t wound care that had been	İ	TAG 165		
		t #8's left lower extremity by	16	Patient # 5	i	
	the nurse.	•		Medication Issues		
		acked documented evidence		A. Chart Review done. It was evident on start of care the	I	,
1	of a physician's order	to apply lotion to Patient		patient had received instri	ı	
		otes (dated 1/9/08, 1/10/08, 7/08, 1/19/08 and 1/23/08)	1	from SN regarding her cur		
	contained documenta	ation about indicating the		prescribed medications. A		
	nurse had applied lot	ion to Patient #8's "dry skin."		that patient had verbalized		
		NANCE WITH PHYSICIAN	G 166	100% comprehension on t instructions. See attached		
] '	ORDERS	•		of SN SOC note. Attachm		
		in writing and signed and		#16, TAG 165. On 05/16/		
	dated with the date of	receipt by the registered		when pt. had BS reading of		
r	nurse or qualified thei	rapist (as defined in section responsible for furnishing or		and SN found out that she		
. 2	supervising the order	ed services.		continued to take her oral		
		,		hypoglycemic medications inspite of SN's instruction		
		378		05/13/08, patient received		
7	his STANDARD is n	ot met as evidenced by:		further instructions on		
	Based on record revie	w and document review,		importance of compliance		
		ovide physician signatures		prescribed medications. M	D	
1	n its Plan of Care (Pt #2).	DC) for 1 of 15 patients		was notified and new MD	bodo	
1	·~j·	·	-	orders were given. See atta MD order dated 05/16/08.	icnea	
ļF	indings include:		000	Attachment #17, TAG 165		
P	atient #2		10	·	į	

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			AND HUMAN SERVICES					MAPPROV	
ſ		TERS FOR MEDICARE		1		TIPLE CONSTRUCTION	(X3) DATE	O. 0938-03	39.1
	STATEM: AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI				LETED	
	~		297123	B. WIN	lG_	·	07/	C /22/2008	i
ALOHA HOME HEALTH, LLC			8	REET ADDRESS, CITY, STATE, ZIP CODE 101 SOUTH RANCHO DRIVE, SUITE A-2 .AS VEGAS, NV 89106		€ .			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE	ИС
-	G 16	5 Continued From pag Thrombosis, Long-te Generalized Muscle	erm Use of Anticoagulant and	G 1	65	B, C, D, E, F – no further ac needed at this time. Wound Care Issues	etion		
	3	of a wound. The clir of a physician's order for notes (dated 1/12/08 documentation about	lacked documented evidence lical record lacked evidence or wound care. Two nursing and 1/13/08) contained t wound care that had been t #8's left lower extremity by	100		A. Discrepancies/inconsistence SN notes regarding wound Chart review and conference with respective clinical staff was done. Inconsistencies in and corrected by respective clinical staff. See attached of SN notes dated 6/12/08,	care. e f oted		
	Q ₁₆₆	of a physician's order #8's skin. Nursing no 1/12/08, 1/13/08, 1/1 contained documents nurse had applied lot	acked documented evidence to apply lotion to Patient btes (dated 1/9/08, 1/10/08, 7/08, 1/19/08 and 1/23/08) ation about indicating the ion to Patient #8's "dry skin." IANCE WITH PHYSICIAN	G 16	6	6/14/08 and 6/16/08. Attachment #18, TAG 165. B. Respective clinical staff counselled on the important accurate documentation of patient care rendered. QA st was also counselled on this be more thorough and dilige	aff and		
		dated with the date of nurse or qualified ther	in writing and signed and receipt by the registered apist (as defined in section responsible for furnishing or ed services.		•	in reviewing submitted documents in timely manner C. Clinical staff will be inservious accurate documentation of 11/22/08 Inservice. See attackness and Agenda. Attachment #19, Talenta and Talenta an	ced on ched		
		Based on record revie the agency failed to pr	ot met as evidenced by: w and document review, ovide physician signatures DC) for 1 of 15 patients			 D. DON/QA staff will monitor compliance thru thorough an diligent chart review on dail basis. E. Responsible Person: DON/Q 	у	9	
		Findings include:		•		staff F. Date of Completion: 11/22/0	8.		Đ
		Patient #2		•					
	- 1	0	ļ		1	*	i	ļ	1

Event ID: 09DK11

Facility ID; NVS4274HHA

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PRINTED: 10/28/2008 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	IDENTIFICATION NUMBER		VILDI	NG		PLETED
297123		B. W	/ING_		07/22/2008		
ALOHA HOME HEALTH, LLC		•	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH RANCHO DRIVE, SUITE A-2 LAS VEGAS, NV 89106		12		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
i t	Thrombosis, Long-to Generalized Muscle - The clinical record of a wound. The clin of a physician's order for notes (dated 1/12/08 documentation about performed on Patienthe nurse. - The clinical record I of a physician's order #8's skin. Nursing not 1/12/08, 1/13/08, 1/13 contained documentation applied lotion 484.18(c) CONFORM ORDERS Verbal orders are put dated with the date of nurse or qualified ther 484.4 of this chapter) supervising the orders. This STANDARD is not a sased on record reviet he agency failed to provising the orders.	erm Use of Anticoagulant and Weakness. lacked documented evidence of wound care. Two nursing and 1/13/08) contained to wound care that had been to apply lotion to Patient otes (dated 1/9/08, 1/10/08, 1/10/08, 1/10/08, 1/10/08 and 1/23/08) atton about indicating the conto Patient #8's "dry skin." IANCE WITH PHYSICIAN in writing and signed and receipt by the registered apist (as defined in section responsible for furnishing or			A. Chart review done. Inconsistencies noted and corrected by respective of staff. See attached correct notes with late entries da 6/12/08 and 6/28/08. Attachment #20, TAG 16 MD order dated 5/14/08 foley catheter changes and management was signed a received by HHA on 5/30 but was not on file during record review. See attached copy of MD order dated 5/14/08. Attachment #21, 165. B, C, D, E, F - See comment of Wound Care Issues. Attachment #22, TAG 165. TAG 165 Patient #8 A. Missing documentation on presence of wound and wo care orders. As well as mis MD orders for lotion applit to patient's dry skin. Chart review done. SN notes on 1/12/08 and 1/13/08 did represence of wound on left extremity. A signed MD or dated 1/08/08 for Lotion application PRN for dry skin and 1/12/08 for wound care were evident but was not	clinical cted SN ted 55. A for ad and 0/08 5 ed TAG on ent flect cation flect cover der	
- 1		1		- 1		1	

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 09DK11

Facility ID: NV\$4274HHA

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	RTMENT OF HEALTH	HAND HUMAN SERVICES			FORM	0. 10/20/2000 MAPPROVED 0. 0938-0391
STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE CONSTRUCTION LDING	(X3) DATE COMPI	.ETED
		297123	B. WIN	IG <u>///</u>	07/	C 22/2008
	F PROVIDER OR SUPPLIER A HOME HEALTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH RANCHO DRIVE, SUITE A LAS VEGAS, NV 89106		
(X4) IC PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
G 16	Continued From page Thrombosis, Long-to Generalized Muscle	erm Use of Anticoagulant and	G1	filed/incorporated in clien chart in timely manner. M record personnel was could on the importance of time	ledical nselled	
t	of a wound. The clir of a physician's order for notes (dated 1/12/08 documentation about	lacked documented evidence nical record lacked evidence or wound care. Two nursing and 1/13/08) contained twound care that had been t#8's left lower extremity by		accurate filing of documer See attached MD order da 1/08/08 and 01/12/08, Attachment #23, TAG 165 B, C, D, E, F - See comment of Patient #4 TAG 165. Attachmer #24, TAG 165.	nts. ted 5.	**
G 166	of a physician's orde #8's skin. Nursing no 1/12/08, 1/13/08, 1/1 contained documents nurse had applied lot 484.18(c) CONFORM ORDERS	lacked documented evidence r to apply lotion to Patient otes (dated 1/9/08, 1/10/08, 7/08, 1/19/08 and 1/23/08) ation about indicating the ion to Patient #8's "dry skin." MANCE WITH PHYSICIAN	G 16	6 TAG 166 A. POC dated 06/16/08 to 08/ was signed by MD and rec		
	dated with the date of nurse or qualified the 484.4 of this chapter) supervising the order. This STANDARD is r Based on record reviet the agency failed to pron its Plan of Care (Po. (#2).	f receipt by the registered rapist (as defined in section responsible for furnishing or		by HHA in accordance to Standards and Agency's Pe for Patient #2 but was not incorporated in client's chaduring record review. See attached signed POC. Attachment #25, TAG 165 B, C, D, E, F - See comment of Patient #4, TAG 165 re: import of Timely filing of documents of clients medical records. Attach #26, TAG 165.	olicy yet art . n tance	
	Findings include:					
	Patient #2			1	!	

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		AND HUMAN SERVICES			FORM	7. 10/26/200 1. APPROVE
	ERS FOR MEDICARE					0. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	ETED.
297123			B. WIN	4G	C 07/22/2008	
	PROVIDER OR SUPPLIER HOME HEALTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH RANCHO DRIVE, SUITE A- LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE	(X5) COMPLETION DATE
G 229	o6/16/08 to 08/14/08 failed to sign the plat after the start of the Document Review On page 45 of the agreetion entitled Physistates "consultation of care or any modificate documented and obtained 30 days of 484.36(d)(2) SUPER The registered nurse described in paragramust make an on-site no less frequently the Based on interview, review, the agency failed.	signed Patient #2's POC dated 3 on 06/12/08. The physician n as of 07/18/08, 33 days certification. gency's policy manual, a sician's Plan Of Care/Orders with the physician on the plan cation in the Plan of Care will the physician's signature the date of the order." VISION (or another professional ph (d)(1) of this section) a visit to the patient's home an every 2 weeks. not met as evidenced by: ecord review, and document illed to provide documented ry 14 days for home health ents (#4, #5, #12).	G 22	Patient #4, #12 A. Missing evidence of supervisits to home health aide. Supervisory visits were donand documented but was not submitted/incorporated in patient's medical records in timely manner. Respective clinical staff/QA staff/MR personnel counselled on tin submission and filing of documents in accordance to HHA policy and procedure attached copy of Supervisor visits. Attachment #27, TAG 229.	ne ot nely . See	
	The patient received t aide visits between 05	wice weekly home health //03/08 and 05/31/08 and ide visits between 06/01/08		B, C, D, E – See comment on Patient #4, TAG 165. Attachment #28, TAG 229.	nt	

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PRINTED: 10/28/2008

FORM APPROVED



	RTMENT OF HEALTH	AND HUMAN SERVICES & MEDICA ERVICES			FORM A OMB NO. 1	PPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION OF	(X3) DATE SUI COMPLET	RVEY
		297123	B. WING_		07/22	/2008
oand -	PROVIDER OR SUPPLIER HOME HEALTH, LLC		8	REET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTH RANCHO DRIVE, SUITE A-2 LAS VEGAS, NV 89106	01122	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
G 229	and 07/05/08. Betwee the patient received supervisory visit on Patient #12: Start of The patient received aide visits between 0 chart lacked evidence health aide supervise and 06/06/08. Document Review According to the age Submission Policy la Oasis, Start of Care, Discharge document the office within 48 he assessment. All othe in on a weekly basis, Interview On 07/18/08 in the after the patient of the age Submission Policy la Oasis, Start of Care, Discharge document the office within 48 he assessment. All othe in on a weekly basis, Interview	een 05/17/08 and 07/02/08, one home health aide 06/06/08. Care 01/31/07 twice weekly home health 01/01/08 and 06/06/08. The se of documented home ory visits between 02/28/08 ncy's Clinical Record st updated 09/16/06, "all Recertifications, and ations must be turned in to ours after the completion of r documents must be turned on Mondays."	G 229	Patient #5 A. Chart review done. According to our chart review, all Supervisory visits were done in accordance to Standards See attached copy of Supervisory Visit done 05/28/08, 06/09/08 and 06/20/08. Attachment #. TAG 229. B. No further action needed C. No further action needed D. No further action needed E. Date of Completion: 11/03/08.	on 29, d.	
	Patient #5 was a 72 y 5/13/08 with diagnose	ear-old female admitted on is including Non-healing ontrolled Diabetes Mellitus cle Weakness.				
i	for personal care 3 tim	ide (CNA) saw Patient #5 nes a week for 7 weeks, ne second supervisory visit		,	1 The second sec	

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NOV 1 4 2008

	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAL RVICES			FOR	D: 10/28/2008 M APPROVED O: 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_ I	MULTIPLE CONSTRUCTION ILDING	(X3) DATE	SURVEY LETED
		297123	B. WI	NG	07/	C /22/2008
ME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		22/2000
ALOHA	HOME HEALTH, LLC			801 SOUTH RANCHO DRIVE, SUITE LAS VEGAS, NV 89106	A-2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
G 229	Continued From pag was made on 6/20/0 supervisory visit.	ge 13 08, 17 days after the previous	G 2	229		
		55				
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LAS VEGAS, NEVADA